No. ú

Co	ounty James M	
٧	illage or City/Lar accident	1
	2 FULL NAME Jahuas C	L ().
	PERSONAL AND STATISTICAL PARTICULAR	S
M	MARRIEO, MICA MARRIEO, MICA MICALE  White  White  Write the word)	mier
6 D	ATE OF BIRTH June 30	,186
7 AC	F 7 0 11	(Year)  If LESS than  1 day,hrs.  ORmin.?
(b) bus whi	Trade, profession, or ricular kind of work	mu so
	10 NAME OF Christian (3	Reach
ENTS	OF FATHER (State or country) Garnettes	rue
PAR	of MOTHER Many Bugs	Ply
	OF MOTHER (State or country) Garret Con	rus
147	(Informant) Mano J.C. Blaces  (Address) against 1966	DGE
15 FI	ied Se / 30, 1914 & Bichtes	REGISTRAR
	If more blanks are needed, address State	

1 PLACE OF DEATH

9053

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

( all of	
MEDICAL CERTIFICAT	E OF DEATH
18 DATE OF DEATH (Mon	th) (Day) (Year)
Meh 13 1914, to	hat I attended deceased Iro
that I last saw h Little alive on	
and that death occurred on the date s The CAUSE OF DEATH* was as follo	Character and the second
2///	John had with heiter Stretcher had
(Duration	) yrs mos 2 0
(Secondary) (Duration	) 5 yrs 4 mos
(Signed) (Address) (Address)	
*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL	or in deaths from Vicinia
	the the yrs, mos
Where was disease contracted, if not at place of death?	J15, IIIU5,
Former or usual residence  19 PLACE OF BURIAL OR REMOVAL	
accident, 110	Self 6, 191
20 UNDERTAKER	ADDRESS

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: additional ilne is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mus;" "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of \_\_ tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name orlgin; "Can-Examples: For VIO-



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#### RECORD PERMANENT THIS UNFADING WITH PLAINLY, WRITE

state Very 0 0 PHYSICIANS shoul classified. v properly pe suppl may 80 0 terms, hould 00 pizin = EATH O Item Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ (State or country State \_\_\_\_ yrs, \_\_\_ \_ ds. Where was disease contracted. if not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Flied.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAN

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommedations on statement of (secondary or intercurrent)



instructions

#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [if death occorred la St ;.....Ward) a hospital or Institutice. give its NAME lostead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX 4 COLOR OR RACE WIDOWED, Wilow (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day,.....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ...... yrs. .... mos. .... State ...... yrs, \_\_\_\_ mos. ..... Where was disease contracted. If not at place of death?-Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. Never return "Laborer," "Foreman," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

mia," "PUERPERAL perisonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for mall; sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronehopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREALT V.S.

PLACE OF DEATH 9056	STATE OF MARYLAND
County Garrett.	CERTIFICATE OF DEATH  Registered No. 163.
Village or City Bloomington. (No, 2 Full NAME Irene May Coffman.	St.; Ward)  [if death occorre a hospital er lostitu give its RAME ins ef street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. White Single, Married (Write the word)	1
Month) (Day) (Year)	Sept. 17th, 1914, to Sept. 24 st., 191 that I last saw h er alive on Sept. 21st, 191
18 yrs. 1 mos. 3 ds. or. min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Housewife. particular kind of work	TEV.B.
business, or establishment in which employed (or employer)	(Duratieo) yrs. mos 24h
SBIRTHPLACE (State or country)  10 NAME OF FATHER Saace Cechb-	(Secondary) (Secondary) (Signer) (Signer)
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM OR RECENT RESIDENTS) At place   In the
(Informant) Mrs. Maggie Puckett	Where was disease contracted, if not at place et death?  Former or usual residence
(Address) Dottming In	Demuis in Mis Date of Burial
Filled,191	20 MINDERTAKES AGORESS

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the mine, etc. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISTABE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu losis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "PUTEPTEAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always quality all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mallgnant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Never report Examples: FOF VIO-



CERTIFICATE OF DEATH PHYSICIANS Shove Registered No It death occurred in a hospital or institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) BINDIN (Month) (Day) (Year) TAGE if LESS than and that death occurred on the date atated above, at 1 day, .....hrs. Was as follows: OR ..... 7 roperi AGE BOCCUPATION (a) Trade, protession, or INK particular kind of work. (b) General nature of industry. pe business, or establishment to UNFADING (Doration) msy which employed (or employer) ..... certificate. 9 BIRTHPLACE (Secondary) (State or country) = that 10 NAME OF 80 ŏ MARGIN back 11 BIRTHPLACE 7191.(4 (Address) terms. ARENT OF FATHER should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place to the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. EATH State ..... yrs. \_ Where was disease contracted. It not at place of death? ŏ 0 Former or OF usual residence Every Item CAUSE OF Important. DATE OF BURIAL (Address 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health
Association.]

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

V. S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

-Every item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-				
			Cif	dogt

St.;....Ward)

if death occurred in a hospital or lostitution, give its NAME instead of street and number.]

11.9

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale white (Write the word)	16 DATE OF DEATH 9 - 11 - , 191 4 - (Month) (Day (Year)
6 DATE	OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw hand, alive on Q 1 1 191
7 AGE	if LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trad particula (b) Gene	PATION  8, profession, or Tammon on County John  1r kind of work Tammon on County John  erai nature of industry,	
business,	, or establishment in oployed (or employer)	(Duration)
9 BIRTH (Sta		Contributory Secondary  (Doration)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 14 THE	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?  Former or
(Infor	(Address Lien Carlo Con al	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Flied	Sept 14, 191 of Harland & Ans	20 UNDERTAKER ADDRESS  Do Bolder Onlevel
riieu		19 Bine

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the pisease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For Vio-



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WITH

RECORD

PERMANENT

classi may of erms, of information s DEATH in pigin See instructions piain OF Every item CAUSE OF Important. œ. z

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STATE OF MARYLAND CERTIFICATE OF DEATH County... Registration Dist. No. It death occurred in St:....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) OMDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above, at 200 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: SOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ...... yrs. mos. ..... ds. State ..... yrs. \_\_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 39 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (e)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcin-



cbildbirth or miscarriage, as "Purperal scptichaemus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seniie." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples:



PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERSONAL AND STATISTICAL PERMANENT EXACTLY. S SINGLE, MARRIEO, 4 COLOR OR RACE WIDOWED, BINDING Write the word) 8 DATE OF BIRTH stated classified. 4 (Day) (Month) (Year) TAGE 15 If LESS than pinous FOR 1 day, .....hrs. INK-THIS OR ..... min. ? properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work... RESERVED supplied. (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) that it m State or country) carefully of that It 10 NAME OF FATHER 0 0 MARGIN PLAINLY, WITH OF FATHER (State or country) PARENTS on back DEATH in plain terms, pinous 12 MAIDEN NAME See Instructions of Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE KNOWLEDGE CAUSE OF Important. S (Informant) Every. m REGISTRAR

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: .....Ward)

It death occurred in a hospital or institution,

NAME Mary Est faces	give Its NAME Instead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SHOELE, MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended accessed from
Movember 37, 1536 (Month) (Day) (Year)	that I last saw her alive on the Sept 21 1914
7.7 yrs. 10 mos. 21 ds. or min.?	and that death occurred on the date atated above, at
or returned	Teurn Selectly dus
I industry, shment in minioper)	(Duration) yrs mos ds
" Wa	(Secondary)
John Variation	(Signes M. C.) Survey (Signes) 100
ACE ER Duntry)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
CE ER WALTEN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
PRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds.  Where was disease contracted,  If not at place of death?
Johnshur 110 A	Former or osual residence
14100017,000	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
1914 (Yalland She	DE Della Daland
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

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# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not vilo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. For many occupations a single word or term on the Statement of occupation-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purreral scptichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of \_ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples:



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N. B.

County Harrett 9060	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 164
Village or City Horpes (No. 1) 2 FULL NAME alwa Telis	St; Ward)  St; Ward)  St; Ward)  Stillar  [If death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
French Color or RACE Single, MARRIED, WIDDWED, OR DIVORCED (Write the word) funch 12, 1914	16 DATE OF DEATH  (Month)  (Day)  (Year)  17, I HEREBY CERTIFY, That I stended deceased from 15 M  1914,
(Month) (Day) (Year)  AGE   If LESS than   1 day, 3 hrs.   OR 20 min. ?	and that death occurred on the date stated above, at 1.3
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Researce outlined during birth (Secondary) Overly large hand during birth
10 NAME OF FATHER Joseph / Tellar  11 BIRTHPLAGE OF FATHER (State of country) Serrett to ma  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Serrett for Drd  13 BIRTHPLACE OF MOTHER (State or country) Serrett for Drd	(Signed)
(Informant) Triendsville Ind	Where was disease contracted, at Place 7 deaths If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Files Cl. 10 ,191 Fred Facostran	20 UNDERTAKER Savage Fraiend Swill
If more blanks are needed, address State Registrar, 6 I	D. Franklin St., Balto., Requesting V. 8 No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease are described term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosas described descr

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned childbirth or miscarrlage, as "Puerperal septichae-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Examples:



N. B.—Every item of information should be osrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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	PLACE OF DEATH	STATE OF MAR	YLAND
C	ounty Terre 9061	CERTIFICATE OF	1//
,	FULL NAME Balay Row	St; Ward)	[it death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	Asec Lefis (Widowed)	16 DATE OF DEATH (Month)	/9 ,191 (Day) (Year)
6 0	ATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h. According to Delta to the saw h. According to the saw h. Ac	ttended deceased from
7 A	GE If LESS than 1 day, 3 hrs. ORmin.?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	
(a pa	CCUPATION ) Trade, profession, or rticular kind of work	Prom men	oo h
bus	General nature of industry, iness, or establishment in ich employed (or empinyer)		.yrs
(8	tate or country) Many same	(Secondary)	••••••
	10 NAME OF Lever Rawfors		yrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Mayland	*State the DISEASE CAUSING DEATH, OF, IT	deaths from Violent
PARI	12 MAIDEN NAME OLIVE Cane Phade	CAUSES, state (1) MEANS OF INJURY; and ( TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INC. OR RECENT RESIDENCE)	2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State	
	Informant)	Where was disease contracted, It not at place of death?  Former or	**************************************
15	(Address) Concard md	19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
FIH	od Jeft ao th, 1914 Skarland & Paris REGISTRAR	20 UNDERTAKER A	DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stattonary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion, affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples: FOF VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In pisin terms, so that it may be properly cissellied. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Co	ounty Garrett	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / / / / / / / / / / / / / / / / / / /
V	FULL NAME Julia Control	St; Ward)  a hospital or lostitution give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
)/-	ATE OF BIRTH  4 COLOR OF RACE  MARRIED, Married WIDOWED, WIDOWED, WROWED, WROWED, Write the word)	16 DATE OF DEATH  Sept., 191 (Month) (Dsy) (Yesr)  17 I HEREBY CERTIFY, That I attended deceased from
- 0,	(Month) (Day) (Year)	that I last saw h 22 slive on S 1 4 ,191 4
AG	If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at Q m. The CAUSE OF DEATH* was as follows:
(b) busin	deneral natura of industry, ness, or establishment in the amployed (or employer)  RTHPLACE tate or country)  10 NAME OF	(Doration) yrs mos ds.  Contributory (Secondary)  (Diration) yrs dos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
Q. 14 TI	13 BIRTHPLACE OF MOTHER (State or country) Mary Land HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death wis. mos. ds. Stata yrs. mos. ds. Where was dispase contracted, If not at place of death? Former or usual residence.
5 File	(Address) Oakeund, End  a Bept. 17, 1814 Navland D. Davis  HEGISTRAN	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  Daylow 17th, 1914  20 UNDERTAKER  Die Bulden Oarland

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the bousehold only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has minc, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopncumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrerrat septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. cer" is iess definite; avoid use of "Tumor" for mallecause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never repor Examples :

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREATTS.

certificate.

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instructions

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1 PLACE OF DEATH

CERTIFICATE OF DEATH Registered No. St; Ward) a hospital or institutice. give its NAME lestead of street and number. ] \* FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX S ZINGLE. 4 COLOR OR RACE MARRIED, WICOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1834 (Month) (Day) (Year) 7 AGE If LESS than 1 day, .....hrs. The CAUSE OF DEATH\* OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind et werk. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE OF MOTHER At place In the of death O yrs. 3 mos. 2 ds. (State or country State O yrs. 3 mes. 2 ds. Where was disease contracted. It not at Blace of death? usual residence DATE OF BURIAL September 171914 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balta., Requesting V. S. No. 1.

STATE OF MARYLAND

It death occurred is

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Statlonary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causeno death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasend); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Puespesal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Con ampie: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Teart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



MARGIN RES

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in piain terms, s Important.

N. B.

PLACE OF DEATH 9446

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ....

....St.;.....Ward)

[It death occurred in a hospital or institution, give Its NAME instead of street and nomber.]

-FULL	NAME		
251111	11	mac No	nald.

3 SEX 4 COLOR OR RACE 5 SINGLE, 0 16 DATE OF DEATH	
Hemale White (Write the word)  MARRIED, WIDOWED, WIDOWED, (Month) (Day (X)  (Write the word)  17 I HEREBY GERTIFY. That I attended deceased	)1.4- ar)
S DATE OF BIRTH  Sept. 7 , 914  (Month) (Day (Year) that I last saw h	91
The CAUSE OF DEATH* was as follows:	m,
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	ds.
Secondary  Gontributory Secondary  (Doration)  Secondary  (Doration)  Secondary	zh.
Signed) M. C. Mac Wordd (Signed) M. C. Howburgh (Signe	nd.
*State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether According OF MOTHER DESSIL STUAM  *State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state (1) MEANS OF INJURY; and (2) whether According to the CAUSES, state	CIDEN-
13 BIRTHPLACE OF MOTHER (State or country)  W. Va.  At place of death yrs. mos. ds. State yrs, mos.	
(Interment) The Best of My Knowledge (Interment) The Best of My	
(Address) Deer Port 1 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  15	914
Filed 191 REGISTRAR 20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at begluning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every persou, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged lu the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

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nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origiu; "Canchildbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsious," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) tctanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Seuile," cte.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



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PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT EXACTLY. stated classified. S THIS properly AGE carefully supplied. O UNFADIN certificate. ō pe WITH back terms, should PLAINLY in plain Instructions Information of Inform WRITE See CAUSE OF mportant. Every

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

ARENT

15

10 NAME OF

FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country

(informant)

(Address)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employar) .....

Village or City Stantiville (No.				We wille		Registr		t. No. [it det a hospital give its	th occurred in or institution NAME instead
PE	RSONAL AND STATISTIC	AL PARTICULAR	s	1	MEDI	CAL CERTIF	ICATE OF	DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WWW.	ried	16 DATE OF	DEATH		10,	1014.	., 191 (Year)
B DATE OF	BIRTH.	(Write the word)	1860	17 Aug.				attended dec	
	(Month)	(Day)	(Year)	that I last sa	w h.im	alive on	Sept.	10,10	1 491
7 AGE	47 yrs. 10	2 7	if LESS than 1 day,hrs. ORmin.?	and that dea	OF DEAT	TH* was as	follows:		30 P m

Contributory (Secondary) (Signed) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place in the State Where was disease contracted. if not at place of death? usuai residence DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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S. No.

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	2 FULL NAME	ecc 11.61	X
	PERSONAL AND STATIST		RS
3 SE	Wale White	MARRIED, WIOOWEO, OROIVORCED (Write the work	dancers d)
6 D	ATE OF BIRTH Desur	eler 17	183
	(Month	(Day)	(Year)
7 AG	GE O	16	If LESS that day,hr
	yrs.	mos. ds.	ORmin. ?
(a) par (b)	CCUPATION Trade, profession, or ricular kind of work General nature of industry,	ner	
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(a) par (b) busi whi	Orade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  IONAME OF FATHER  IN BIRTHPLACE OF FATHER	Herrid While While Dehre	Censt.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 164

St;.....Ward)

[It death occurred in a hospital or institution,

ULL NAME Mileshur	give its NAME Instead of street and number.]
SONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, MICHAELE WIOOWED, OROIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw hamalive on Selft 4, 1914
yrs. 9 mos. 13 ds. 0Rmin.?	and that death occurred on the date stated above, at
on ssion, or freezewaters,	The state of the s
stablishment in (or employer)  Example 1	Contributory (Secondary)
E OF Philip Miller	(Signed) (Duration) yrs mos ds.
HPLACE ATHER or country) Like Cle Line Consumer	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
HPLACE OTHER OF COUNTY OF	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of Death
E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
ss) accident fff of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ACCIDENT MA SEA 7, 1914.
1. G.I., 1914 FAS AL REGISTRAR  If more blanks are needed, address State Registrar, 6	20 UN DERTAKER  ADDRESS  ADDRESS  Regardin St. Reiden Tild

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, se that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

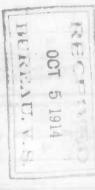
PLACE OF DEATH	STATE OF MARYLAND
County Tarree	CERTIFICATE OF DEATH
3400	Registered No. 166
Village or City Make I am (No.	St; Ward) [It death occurred in
() O PROVA	give its NAME instead
* FULL NAME Holes 1 of O)	Nocessice of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mass Color OR RACE Sangle, MARRIED, WISSWID, WISSWID, Wisswight Write the word)	2 16 DATE OF DEATH (Month) (Day), 1914
6 DATE OF BIRTH	17   HEREBY GERTIFY, That I attended deceased from
Ox 13 1881	191 to 191
(Month) (Day) (Year)	that I last aaw handle alive on the state of
7 AGE If LESS that 1 day,hrs	and that death occurred on the date stated above, st. m.
29 yrs // mos. // ds.   OR min. ?	The CAUSE OF BEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (er employer)	(Boration) 2 yrs mes ds
9 BIRTHPLACE (State or country)  Mondende	(Secondary)
10 NAME OF Michael OD anne	(Signed) 7, 2, 12 and water M.D.
2 11 BIRTHPLACE OF FATHER (State or country)	Dept 2 5, 1914 (Address) Carland me
M 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant)	Former or usual residence
(Address) And Lane Pacs ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Dept 25, 191 4 Naveaux Bresstran	20 UNDERTAKER ADDRESS
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	11 00 010 00

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "TUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purpresal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds. cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mallg. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



#### RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. properly classified. AGE carefully supplied. B.—Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. ż

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 170

St.; Ward)

Ilt death occurred in a hospital or institution,

FULL NAME John Frankling	Robertus give its NAME instead of street and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White the word)	16 DATE OF DEATH 5- ,1914	
O DATE OF BIRTH  Lanuary 9 1834	17 I HEREBY CERTIFY, That I attended deceased from	
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 9 m.  The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or farmer petities particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cerebral hemorrhage with hemisplegia but (Ouration) mos ds.	
10 NAME OF FATHER WY Polision	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Ann Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Pulled  Panting	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  13 BIRTHPLACE OF MOTHER (State or country)  Maryland (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, lt not at place of death?  Former or usual residence.	
(Address)	Some fame - 19 BURIAL OR REMOVAL DATE OF BURIAL	
Filed191	M. Erchhor Screament	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for Never report



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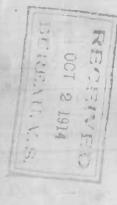
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in (No. St.;.....Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, Marrison WIDOWED, (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH\* was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER Where was disease contracted. if not at place of beath? Former or usual residence OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industy; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of Illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerferal scptichae etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An ample: Mcastes (disease causing death), 29 ds. affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may he stated under the head "Convulsions." "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 20



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#### state Very 103 SICIANS should OCCUPATION IS PHYSICIANS Exact classified. properly pe may 80 terms, plain ۳ EATH ā OF Every Item CAUSE OF Important.

90 back Lo Instructions

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in .....Ward) a hospital or institution, give Its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. f day....hrs. DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) .... which employed (or employer) SBIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ (State or country) \_\_ mos. ... State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritongeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUEEPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



N. B.—Every item of information should be osrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED F. B. No. 1.

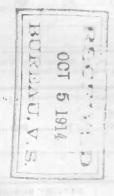
Cou	PLACE OF DEATH 9070	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 166
VIII	* FULL NAME hat home	St; Ward)  [If death nccorred a hospital or lostitulic give its NAME instered and another.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX FIE	E OF BIRTH	16 DATE OF DEATH S (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended decessed from S (13, 1911), to S (1, 13, 1915)
- 1	(Month) (Day) (Year)	
FAGE	J kame 1 LESS the 1 day,	The CAUSE OF BEATH'S was as follows:
(b) Ge busines which	ular kind of work  eneral nature of industry, ss, or establishment in employed (or employer)  THPLACE e or country)  Outsland  Mook	(Boration) yrs mos cs  Contributory Mar franching (Secondary)
RENTS	ONAME OF FATHER Claims E, Severtyer  1 BIRTHPLACE OF FATHER (State or country) Mary lunce.  2 MAIDEN NAME	(Signed) yrs mos ds  (Signed) , M. D  Spil J, 191 4 (Address) A lacace Mac  *State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	BERTHPLACE OF MOTHER (State or country) Many hand	Af place of death
	ormant) Clause E Swrige.  (Address) Pakland	Where was disease contracted, If not at place of death?  Former or usual residence
1 5 Filed. <sub>y</sub>	Sept. 15th 191 & Nacloud & Accistran	20 UNDERTAKER Bolden Orthund 1814
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6, yrs.). For persons duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-The

Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of schsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PURRPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asnant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. The contributory (secondary, or intercurrent) (name origin; "Can-State cause for Never repor Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

County Sarred	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.	
Village or City Mar Chaffer W. (No. 180).  * FULL NAME Silas & Tito	St; Ward)  [It death occurred a hospital or institution give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
2 SEX 4 COLOR OF RACE MARRIEO, WIDOWEO, SERDIVORCEO (Write the word)	16 DATE OF DEATH Suph 28 , 1914 (Menth) (Day) (Year)	
6 DATE OF BIRTH  Dept. 24, 1899  (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from Sept 27, 1914, to Sept 27, 1914  that I last saw him, alive on Sept 27, 1914	
7 AGE 11 LESS than 1 day,hrs. ORmin. ?	and that death eccurred on the date stated above, at 2 · 20 A m  The CAUSE OF DEATH* was as follows:	
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds	
BIRTHPLACE (State or country) Wary Laved	(Secondary) (Ourstion) yrs mos (s	
10 NAME OF Thomas W. Litchmill	(Signed) S. Indson Willer, M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  CAMADIDA  A  CAMADIDA  CAM	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.	
(Informant) True to THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or Usual residence.	
(Address) / Colomilla, auf 15 Filed Dept 28, 1914 a. G. Barnel REGISTRAR	Teratta WNG Left 24, 1914.  Barriel 60  Jarriel 60  Jarriel 60	
If more blanks are needed, address State Registre	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 7.	

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) (retired 6 yrs.). For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purreral schilchaenus," "Old Age," "Shock," "Uraemia," "Weakness," schsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report the head Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED QCT 2 1914 BUREAU.V.S.

County Sarrett 9072	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Frendsville (No. 2 FULL NAME Mary, J. Te	St; Ward)  [It death occurred is a hospital or institution give its NAME insteased of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FREUE HAITS SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  Sefetuber 2/, 1914  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Merch 2nd, 1835 (Month) (Day) (Year)	that I last saw h dr alive on Right 20th 1914
7 AGE  1 LESS than 1 day/Ohrs. 0 mos. 19 ds. 0 cR. min.?	and that death occurred on the date stated above, at 10 m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or House Corfe particular kind of work	acuti Eulintis
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Chrois Gastritio
9 BIRTHPLACE (State or country) Punescylvania	(Secondary)  (Duration) 21 yrs. 8 mos. — d
10 NAME OF John H Holfs	(Signed) M. C. Nedrow, M.
11 BIRTHPLACE OF FATHER  (State or country) Plumacy bouria  12 Maiden Name OF MOTHER  OF MOTHER	*State the DISEASE CAUBING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Punis slovania	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death 3 yrs. 6 mos. ds. State yrs mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) SY W W W W W W W W W W W W W W W W W W	where was disease contracted, of Place of Seath it not at place of death?
(Address) Friendarly Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept2 1914 Mmst Stand	Blooming Rose Sep 29 191 b
9 If more blanks are needed, address State Registrar, 8	E. Franklin St., Balto., Requesting V. S. Ro. 1.
	$\sim$

angun of

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care it should be used only when needed. As examples: been changed or given up on account of the pisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborcr," "Foreman," Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 nant neopiasms); Meastes; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is iess definite; avoid use of "Tumqr" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Canetc. State cause for Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

PLACE OF DEATH 9073
County Larrett
Village or City New Germany.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME archibald W.	asnich of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Marrief  While (Write the word)	18 DATE OF DEATH Seft 9/st, 19144 Month) (Day (Year)
6 DATE OF BIRTH  Heb 16 , 1841  (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from Seft 20, 1914, to Seft 2/st, 1914, that I last saw h in alive on Seft 2/st, 1914
7 AGE    If LESS than   1 day,	and that desth occurred on the date stated above, at 2.45 Am. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	houte Peritonities
(b) General nature of Industry, husiness, or establishment in which employed (or employer)	(Duration) yrs mos ds.
OF FATHER  OF FATHER	Secondary Recident Soll Canal Secondary Secondary (Duration) Syrs mos of (Signed) PC (13) vive M. D. Self 22191 4. (Address) Shantrille Suga
(State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mosds. Where was disease contracted,
(Interment) Albert Warnich	If not at place of death? Former or usual residence
(Address) Prantwille Mr. 15	The Germany and Copy 24, 1914
Filed, 191	20 ON DERTAKER HOLD STATES
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer, (d)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



N. B.—Every Item of Information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

	PLAGE OF DEATH	STATE OF MARYLAND
Go	unty Tarrey	CERTIFICATE OF DEATH
	10	Registered No. 166
Vi	Maga or City Darchauch (No	[If death occurred
•	(10	St; Ward) a hospital or institut give its NAME lost
	*FULL NAME China Maria	a W Enigh (Awstrang) at atreel and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	Lumbe Louis Single,  MARRIED,  WIDOWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 191.
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Muknown 1	
7 AG	(Month) (Day) (Year)	that I last ssw h slive on
· AG	E if LESS than I day,hrs.	and that death occurred on the date atsted shove, at
		The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, er	James dar Helien Paren
part	icular kind of Work	Office
busin	General nature of industry, less, or establishment in	(Benefice)
Which	h amployed (or employer)	(Doratien) yrs mes
(Sta	athplace ate or country)	(Secondary)
1	10 NAME OF	(Duration) yrs mcs
	FATHER POWN	(Signed) . X hak) heafey . M.
12	11 BIRTHPLACE	Stall 16, 191 (Address) Carfand
Z .	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMOGRAPH
PARENTS	12 MAIDEN NAME OF MOTHER	Tan, butting, of Housethan,
_  -	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos d
4TH	HE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(1	nformant) Hoher & Divering	Former or
(.	0-1-51	usual residence.
	(Address) Address	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
		30 - 1 recel 17, 191. V
	New 1 / / / / / / / / / / / / / / / / / /	
Filed	Apr 16th, 181 of Naclaud Accistran	20 UNDERTAKER ADDRESS NE. 12 Le Para Oangel

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head of dent; Revolver second of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart faiture," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. The contributory Niways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never repor Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PLAINLY, WITH UNFADING INK-THIS IS'A

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated

Every Item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

RECORD

PERMANENT

#### V. S. No. 1.

N.B.

PLACE OF DEATH



9075

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Land W.W. L. J.	Registration Dist. No.
Village or City Men Germany (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Age  Acolor or race  Marrieo,  Month  Month	I HEREBY GERTIFY, That I attended deceased from I I SIT 1914, that I last saw h in alive on Self 3 Th 1914, that I last saw h in alive on Self 3 Th 1914, and that death occurred on the date stated above, at 90 mm, The CAUSE OF DEATH* was as follows:    Contributory Gentle Anticular Shumaking Secondary   (Buration)   Syrs mos ds.
(Address)	Ditto Durying Ground Date of BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	I'm Windowing Fautovillem
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmor (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." sepsis, totanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of Never report For VIO-

